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INSTRUCTIONS
OF
EXAMINING SURGEONS FOR PENSIONS.
1882.

THESE INSTRUCTIONS TO EXAMINING SURGEONS FOR PENSIONS, AND THE
REGULATIONS THAT THEY SHALL OBSERVE IN EXAMINING AND REPORTING ON
THEIR APPLICANTS, ARE HEREBY, BY THE SECRETARY OF THE WAR DEPARTMENT,
PUBLISHED BY THE WAR DEPARTMENT, WASHINGTON.

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INSTRUCTIONS

TO

EXAMINING SURGEONS FOR PENSIONS.

1882.

N. B.—THE OBJECT IN ISSUING THIS BOOK IS TO SO INSTRUCT THE EXAMINING SURGEONS THAT THEY SHALL BE ABLE TO INTELLIGENTLY AND SATISFACTORILY PERFORM THEIR DUTIES. IT SHOULD, THEREFORE, BE THOROUGHLY STUDIED, AND THEN *CAREFULLY PRESERVED* FOR REFERENCE.

A.

INSTRUCTIONS TO EXAMINING SURGEONS.

DEPARTMENT OF THE INTERIOR,
January 1, 1882.

The duty of an examining surgeon is to examine applicants for (original) pension, applicants for increase of pension, applicants for restoration or renewal of pension, applicants claiming as invalid dependent fathers, and such pensioners as the Commissioner may from time to time direct to be examined for the purpose of determining the rating to which their disability entitles them.

Since the repeal of the law which required the biennial examination of pensioners the surgeon can make *no examination* without the Commissioner's order.

In making the report of an examination to this office the surgeon will use the blank appropriated to each class of claimants, as follows:

FORM NO. 1, to be used in certifying the examination of an original applicant.

ORIGINAL.

Number _____.

Name of claimant _____.	Examining-Surgeon's address _____.
Rank _____.	Post-office _____.
Company _____.	County _____.
Regiment _____.	State _____.
State _____.	Date of examination _____, 18__.

— hereby certify that — have carefully examined this applicant, who claims that while in the service of the United States, at or near a place named —, and while in line of duty, on or about the — day of —, 18—, he incurred —, and that in consequence thereof he is — disabled for earning his subsistence by manual labor. Cause of disability and the degree.

He states that he is — years of age, that he weighs — pounds, and that he is — feet — inches in height. Particular description.

His pulse-rate per minute is —, his respiration —, and his temperature —.

The examination reveals the following facts:

Give the rational and physical signs so fully that how and why and how much the claimant is disabled shall clearly appear. When there are neither structural

LEONARD SPRING

Table 9. Phase

Summary: —

Name of Candidate _____ Examining-Surgeon's address _____
 Name _____ Post-office _____
 Residence _____ County _____
 Profession _____ State _____
 Date of examination _____, 188_.

Present salary The applicant states that he is now paid at the agency for a _____
 monthly on account of _____, and that he applies for increase on
 the ground that _____

That the price of making a good is not a function of the quality of the good is not the case. The quality of the good is a function of the quality of the materials used in its production.

Description He states that he is _____ years of age; that he weighs _____ pounds, and that he is _____ feet _____ inches in height. His pulse-rate per minute is _____; his respiration _____, and his temperature _____.

The surgeon should not recommend a case excepting for one of the reasons that the present rating is unjustly low or that the disability has really increased. In either case the reasons for changing the present rating should be clearly opinion the disability was incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits. And the disability as above described to entitle him to a rating.

Examining Surgeon.

FORM No. 3, to be used in certifying the examination of an applicant for restoration or renewal of pension.

RESTORATION OR RENEWAL.

Number ———.

Name of claimant ———. Examining-Surgeon's address ———.
 Rank ———. Post-office ———.
 Company ———. County ———.
 Regiment ———. State ———.
 State ———. Date of examination ———, 188—.

— hereby certify that — have carefully examined the above-named applicant, who states that he was formerly pensioned at — disability on account of ———, and that he is still disabled thereby to the extent that he is — disabled for earning his subsistence by manual labor. Cause of disability.
 Degree of disability.

He gives his age as — years, his height as — feet — inches, and his weight — pounds.

His pulse-rate per minute is —, his respiration —, and his temperature —.

Examination reveals the following conditions:

————— Give a full statement of the physical and rational signs, and certify whether the disability has, according to the claimant's statement, been continuous in the same degree, or has fluctuated in degree.

From the history of the case and the existing physical and rational signs, the claimant still suffers from the disability for which he was originally pensioned, and in my judgment he is entitled to restoration or renewal at a — rating.

—————,
 Examining Surgeon.

FORM No. 4, to be used in certifying the examination in the case of a dependent father. This form is issued only with the order in each respective case.

Surgeon's certificate of examination in case of dependent relative.

Claim No. ———.

STATE: ———, COUNTY: ———,
 POST-OFFICE: ———, 187 .

I hereby certify that I have carefully examined ———, who claims pension as the dependent ——— of ———, who is alleged to have died ———, and in my opinion (based on such examination and a personal acquaintance with him for — years) the said ——— is and has been physically incapacitated for the support of himself and family; the nature, degree, and duration of his disability being as follows:

Here present a full and explicit statement as to the nature of the disability and the particular manner and degree in which it has interfered with his procuring a subsistence from prior to the son's enlistment and death to the present date, giving his occupation and approximate age. If the facts are not within your personal knowledge please to so state, and give your best judgment as to the probable duration and extent of the disability.

The salient points to be kept in view during these examinations are as follows:

1. What disability, if any, actually exists?
2. If a disability exists, in what degree does it disable the applicant from subsisting by manual labor?
3. What are the reasonable probabilities of the disability having resulted from service in the military or naval service of the United States, judging from the history given?

The surgeon must not understand from this that it is his duty to determine the whole question of origin of the disability, but that when it is clear from the nature and degree of the disability it could not have originated in the service, he should not fail to certify that opinion.

4. How far do the habits of the applicant seem to affect his disability, both as regards its origin and continuance?

5. What is the probable duration of the disability?

6. The claimant's statements and hospital experience are not wanted in the certificate, but a description of the disability only, which should be full, precise, and clearly stated.

It should be understood that the office is already in possession of the claimant's declaration, in which he sets forth the hospitals in which he was treated, &c., and that to repeat his statement in the certificate cannot be of any service.

In all these inquiries it will be necessary to receive the applicant's statements with patience and due allowance; yet justice requires that no rate of pension shall be recommended on any mere statement of physical disqualification, unsustained by the existence of such structural changes or pathological conditions as are known to accompany the particular form of injury or disease complained of.

As a guide in determining and certifying the degree of disability, the following rules are prescribed:

1st. All claimants so disabled as "to require the regular presence, aid and attendance of another person" are entitled to a **FIRST-GRADE** rating.

2d. All who are so disabled as to be unfitted for "the performance of any manual labor" are entitled to a **SECOND-GRADE** rating.

3d. All who suffer a disability "equivalent" to the loss of a hand or a foot are entitled to **THIRD-GRADE** rating.

4th. The law specifying the following disabilities, and providing a *specific* rating in each case, leaving nothing at the discretion of the Commissioner, the surgeon needs only to certify *the fact* in each respective case. The loss of a hand or a foot, the loss of both hands, the loss of both feet, the loss of the sight of both eyes, the loss of the sight of one eye, the sight of the other having been previously lost, the loss of an arm *at* or above the elbow, the loss of a leg *at* or above the knee, the loss of a leg by amputation at the hip joint, and the loss of the hearing of both ears, so that the subject of it is compelled to the use of some artificial aid in hearing.

5th. The loss of a hand *and* a foot is also a *specific* disability, but the law provides the same rate for a claimant "totally and permanently disabled in both;" so that when an applicant is totally and permanently disabled in both a hand and a foot, it will be necessary not only to certify to the fact, but to explain *why* it is he is so disabled.

6th. When a disability is not sufficiently great to fall into the one or the other of the three grades, it will be estimated by the following rules: If it be ankylosis of an elbow-joint, or, in the opinion of the surgeon, equal or *equivalent* to the disability resulting from ankylosis of an elbow, it will be rated as "total," and all the *lesser* degrees of disability will be rated (as one-eighth, one-fourth, three-eighths, one-half, &c., to "total") *by comparison with that* resulting from ankylosis of an elbow. That is to say, ankylosis of the elbow is taken as the type of a "total" (not *entire*) disability, and is therefore the unit of comparison and division in rating all the smaller disabilities.

7th. When, in the opinion of the surgeon, a disability is *greater* than that caused by ankylosis of an elbow, but *not so great* as that resulting from the loss of a hand or of a foot, the disability resulting from the loss of a hand or of a foot is taken as the basis of comparison, and as the disability from the loss of a hand or a foot is known as a third-grade disability, all ratings must be *expressed* by division of that grade. Thus a disability (greater than "total" as explained above) would be stated as "one-half of third grade," "two-thirds of third grade," and so on as the facts in each case determine.

Thus in estimating disabilities which are minor in degree entitling the subjects of them to *less* than a third-grade rating there are *two classes*. All those which, by comparison with the disability resulting from ankylosis of the elbow, are thought to cause a degree of disability as great as that produced by ankylosis of an elbow, and all *lesser* degrees of disability, are to be determined by such comparison and rated as "total," or some proportion thereof; and all those which are thought to cause *greater* disability than that produced by ankylosis of the elbow, but *less* than that caused by the loss of a hand or foot are to be estimated by comparison with the disability produced by the loss of a hand or a foot, and rated by fractional division of the *third grade*. That is to say, in the first class "total" is the unit of division, and in the second class the third grade is the unit of division.

8th. The third is the only one of the grade ratings subject to fractional division.

9th. The lowest degree of disability recognized as pensionable is one-eighth.

10th. The loss of the sight of an eye is one-half disability; the loss of an index finger or great toe is three-eighths; of a thumb, one-half; of a finger or one of the smaller toes, each, one-fourth. Yet these ratings are not absolute, for a tender cicatrix would increase them. Single hernia, uncomplicated, one-half; double hernia, three-fourths; but may be rated higher in proportion to the disability produced.

The results of operations in the carpus or metacarpus, tarsus or metatarsus, will be estimated in accordance with the utility of the remaining structures for purposes of manual labor. No general rule can be laid down. Syme's and analogous operations, if perfectly successful, should not, necessarily, leave a limb sufficiently disabled to bring it within the rating of disability prescribed by the acts of June 6, 1866, and June 8, 1872, while an unsuccessful attempt may have left it fully as great a disability as would an amputation in the leg. The question of deformity must be considered from two points of view; an injury resulting in much deformity will generally disable by reason of structural change, and deformity may be in itself a bar to obtaining opportunity for subsistence by manual labor at the customary price of said labor.

11th. The degrees of deafness will be rated as follows: Total deafness or deafness approaching total, affecting but *one ear*, is rated at *one-eighth*. Slight deafness of *both ears* or severe deafness of one and slight deafness of the other ear is rated at *one-quarter*. Severe deafness of both ears or total deafness of one and severe deafness of the other ear is rated at *one-half*, or if the deafness approach absolutely total deafness at *three-quarters*.

It will be necessary therefore in certifying all cases of deafness to certify the condition of *each* ear as to the degree of impairment of hearing. When the deafness is total, *compelling* the use of an "ear-trumpet" or other artificial aid, that fact must be certified.

The Commissioner desires to impress upon the examining surgeons the necessity for careful, deliberate, and thorough examinations, and the ~~very great importance of fully certifying the results in each case.~~ An examination may be wholly sufficient and satisfactory, and the certificate wholly insufficient and unsatisfactory.

It is not their province, as many of the surgeons seem to believe, to *adjudicate* pension claims. It is their duty to furnish to the Commissioner such facts touching the physical condition of each claimant examined for that purpose, as will enable him to properly and justly adjudicate the claim. But it is obvious that whether that be done or not will depend not alone upon the character of the examination, but upon the character of the certificate in each case. First, it is essential that the examination be thorough; and, second, that the certificate set forth *all* the facts developed. It is not enough that the surgeon shall satisfy himself of the existence and the degree of the disability. He should in every case furnish to this office such a clear statement of the facts developed by examination as will afford the basis for an intelligent and just opinion. The relation of an examining surgeon to this office is, properly, that of a witness, whose duty it is to state that which he knows or has learned of a case in such a way as to afford to the Commissioner the data for an intelligent and just judgment upon all facts touching the physical condition of the claimant; and the Commissioner hopes that every surgeon will endeavor to certify his examinations upon this basis.

That delay and confusion may be avoided, attention is asked to the following details, the observance of which it should be understood is imperative:

1st. ALL CERTIFICATES MUST BE PROMPTLY FORWARDED.

2d. They must be forwarded *direct* to the Commissioner, and in every case the postage *prepaid* by the use of the *departmental* postage-stamps, which stamps or "penalty" envelopes will always be supplied to a surgeon in proper quantity, upon his requisition of the quantity necessary to cover matter mailed to the Commissioner. The use of the ordinary commercial postage-stamps upon official matter will entail the loss of their value upon the surgeon using them.

3d. When two or more causes of disability are alleged, as set forth in the surgeon's order of examination, *each* must be described and separately rated.

This rule is imperative for the reason that the claimant may not be able to show that all were incurred in service and line of duty, and therefore is pensionable only for ~~that~~ one (or more) which he can sustain by legal evidence.

When a disability is found which is not named in the order, but which the applicant claims was incurred in service, the surgeon should describe it very carefully, and separately rate the disability caused by it.

4th. Inasmuch as to return a certificate to a surgeon for correction of some error, or for completion, involves a loss of time, imposes additional clerical labor, and in some cases delays the adjustment of the claim of the applicant, the greatest pains should be taken to see that all certificates are complete and correct before they are mailed. The following are errors usually fallen into:

Number of claim not given.

Certificates not signed or dated.

Disabilities not rated separately.

Disabilities not rated at all.

Description of wound or disease insufficient for purposes of evidence.

The blanks not filled and indorsed.

Certificates should be signed at the place indicated in the blanks, then folded in four equal folds, and the indentments filled in.

The blank space at top of certificate is for the surgeon's address, not the claimant's. The date should accompany the address.

As certificates become a part of public records, the importance of using good, durable, black ink is obvious.

All certificates should be transmitted the day after the examination is made, and mailed in one envelope, marked "Certificates."

All accounts for ordered examinations should be forwarded at the close of each fiscal quarter, viz, on the last day of SEPTEMBER, DECEMBER, MARCH, and JUNE of each year, instead of at the close of each month as hitherto, and must be mailed in a separate envelope and marked "Accounts." With the accounts, and in the same envelope, should be sent the

orders of the Commissioner of Pensions for the examination; *as without these orders the accounts cannot be audited or payment directed*; they are the only vouchers needed for the accounts. Should, however, a certificate be found insufficient or unsatisfactory, it will be returned to the surgeon, and the fee for the examination will not be allowed until a satisfactory certificate is furnished.

Personal explanations or particular reports and opinions should never be inclosed with other matter, but mailed in an envelope marked "Special." This is often very necessary, from the fact that communications are made by surgeons in their capacity of confidential advisers of the office.

Requisitions for blanks should also be mailed separately and marked distinctly.

Certificates of examination for increase should, if possible, include a comparison between the existing disability and that on account of which pension was originally granted. The reason for recommending should preface the recommendation; the reason for not recommending, the denial.

A claimant's statement, unsupported, of increased pain is not a ground for increase. In cases where the surgeon regards the original rating as unjustly low, although no increase of disability may have occurred, it is proper for him to recommend the correct rating, giving his reasons therefor.

Always forward a certificate of examination whether a disability is found to exist or not.

BOARDS OF EXAMINING SURGEONS.

A. The act of Congress of March 3, 1873, limits boards of examining surgeons to three members. They are organized at such points as will best meet the wants of pensioners and claimants in the administration of the law.

B. A board once organized will always act as a unit. The members cannot make examinations of any kind, as individuals, without the express order of this office.

C. It is expected that each board will convene at its office on the morning of the first Wednesday in each month, and remain in session so long as it may be necessary to examine all the claimants ordered to examinations at each respective session.

D. Boards will meet and examine *only on the FIRST WEDNESDAY in each month*, unless otherwise specially instructed.

E. The signature of each member of a board will be required to each certificate. If for unavoidable cause a member be absent from a session, that fact should appear on the back of each certificate to which his name is not appended.

F. In no case will a member of a board be paid for an examination in which he did not actually participate. Two things are *essential* to payment—*presence* and *signature* to the certificate.

5th. The fee for each examination and a satisfactory certificate thereof is, as fixed by the act of Congress approved June 14, 1878, *one dollar*, and applies to the members of boards as to a single surgeon.

6th. A fee of \$3 will be allowed for an examination in each case of an artificial limb furnished to an invalid soldier or sailor, the examination to be made at the time of the adjustment of the limb; and such examination may be made by a member of a board without the order named in paragraph B of the preceding section.

ACCOUNTS.

A.—*Accounts for examinations of applicants* must be rendered in duplicate, upon Form 5, at the close of each *quarter*, direct to the Pension Office (in the same manner as the certificates), *accompanied by the order for the examination*. If thus forwarded, accounts will be immediately examined, and one approved copy returned to the surgeon, who will sign the duplicate receipts, Form 6, and inclose the whole to the pension agent designated therein for payment.

No accounts will be approved unless the order of the office to the surgeon accompanies it. Names of applicants examined must be alphabetically arranged. Each account will embrace all those examined during a *quarter*, and none others.

If for "increase," add in right-hand column, opposite the name, "For increase, certificate No. —"; if "original," give company and regiment.

7th. Accounts for *special* examinations will be rendered upon Form 9, in the same manner and under the same general instructions as other accounts; care being taken to observe and comply with the head-note on the blank.

8th. Accounts for postage, made from a carefully kept memorandum, will be reported in the proper place in the quarterly account. (Form 5.)

BLANKS.

9th. The following is a list of blanks furnished for the use of examining surgeons:

Pamphlets of instruction.

1. Certificate of original or primary examination of an APPLICANT for a pension.

2. For increase of pension under all acts of Congress.

3. Restoration or renewal.

5. Alphabetical list or account for primary examinations of APPLICANTS, or for the increase of pension under any act (*for single surgeon*), on a quarter-sheet.

5. (Medium.) Same as preceding (*for a board of surgeons only*), on a half-sheet.

6. Duplicate receipts to accompany five accounts.

6. Duplicate receipts to accompany five accounts (*for boards only*).

11. Record of examinations.

12. Requisitions for blanks.

Envelopes, addressed to Commissioner of Pensions.

Blank certificate 4, for reporting examination of invalid dependent fathers, and "Accounts for special examination, with travel" (Form No. 9), are not issued upon requisition, but with the order for examination, in each case only.

Requisitions for blanks should be mailed in a separate envelope.

All forms not included in the above have been rendered obsolete by changes in the law, &c.

10th. When a surgeon is appointed he is supplied with such a quantity of all blanks as it is believed will meet all his demands for at least three months, and before this supply is exhausted he will make requisition for such quantity as, in his judgment, will meet the needs of the ensuing quarter. No surgeon should permit his supply, particularly of blank certificates, to become wholly exhausted.

11th. A supply of "Departmental" postage-stamps or of "penalty" envelopes will in the future also be furnished to every newly-appointed surgeon, and a "*stamp account*" opened with him. Before this supply shall have been exhausted he will make requisition for the ensuing quarter's supply. Upon the termination of his connection with this office, the "*stamp account*" of every surgeon must be satisfactorily adjusted.

12th. Certificates **MUST** be in the handwriting of the examining surgeon, duly signed, numbered, &c. ; and when erasures or interlineations are made, the surgeon must, upon the margin of the certificate, certify that he did it.

13th. No examining surgeon can be permitted to delegate his powers or duties to any person. No surgeon can procure the services of a partner in business or a neighboring physician during a temporary absence. Every surgeon is a *sworn* agent of this office, and in no case and under no circumstances can or will a certificate be accepted when it appears to have been constructed by any person excepting a regularly-appointed examining surgeon, or when the surgeon was selected by the Commissioner of Pensions and authorized by him to make the examination.

14th. When a surgeon is temporarily disqualified to make examinations he should inform this office, and when disqualified for the construction in his own hand of certificates of examination, the Commissioner, upon application, with a statement of the facts, will permit the *temporary* employment of an amanuensis. It should be understood that no examination is legal unless made by a surgeon appointed or *selected* by the Commissioner, and no certificate accepted unless the examination has been ordered by him.

15th. The spaces in the blank certificates for the statement of the age, height, weight, &c., of the applicant should be filled in every case; and that they shall supply the information intended, the facts should be care-

fully ascertained. The relation of the weight to the height can be of no possible value unless they be truthfully stated.

16th. If the space on the blank certificate is insufficient for the purpose of a "particular description," the surgeon should attach whatever may be necessary for his convenience.

17th. An order for examination should set forth precisely the injuries and diseases, or both, for which the applicant claims, and the surgeon should therefore look very carefully to the order, that the examination shall include every alleged cause of disability. It not at all infrequently occurs that a claimant must be subjected to the inconvenience and expense of re-examination, only because the examining surgeon failed to examine for a disability plainly included in the order.

18th. When a disability be found which was not named in the order for examination, but which the applicant claims to have been incurred in service, it should be fully described (the surgeon expressing his opinion as to its relation to or dependency upon the alleged disability) and *separately rated*.

19th. In no case is a mere statement of the diagnosis sufficient. The physical and rational signs should always be given, and great care must be taken not to certify the claimant's statements (the purely *subjective* symptoms) as if they were the observations of the surgeon.

20th. When *no objective* facts or symptoms can be found in support of the allegation, but the surgeon nevertheless believes that a disability does exist, he should make a rating, but certify that it is based upon the claimant's statement.

21st. When two or more causes of disability are alleged as shown by the order, as, for instance, two or more wounds, or the coexistence of a hernia with varicose veins, or disease of lungs with chronic diarrhea, *each* must be described and (separately) rated. It is suggested that, in such case, the disabilities be taken in the order in which they are named in the order of examination; that the existence and degree of disability be determined for each, and that they be described and rated in the certificate in the same order.

22d. When a claim for increased pension be made, it must be (excepting in those rare cases affected by change of law) for one of two reasons: either the claimant believes that there is actually increased disability, or that the existing rating is unjustly low, and therefore the one or the other of these questions is presented to the surgeon in every increase application. The surgeon should, consequently, first ask the applicant upon which of these two grounds he applies, and then confine the examination to the ground claimed, and when increased disability be found, *the facts in which it consists* should be fully set forth in the certificate. If it be claimed that the existing rating is unjustly low, and increase be recommended, the reasons for the increased rating must be made perfectly clear, for the degree of disability in any case is very greatly a "matter of opinion," about which the surgeons may very well differ,

and a mere difference of opinion between two or more surgeons is not regarded as good reason for disturbing an existing rating.

23d. That a surgeon shall be able to duplicate a certificate lost in transmission to this office in the mails, or mislaid, a blank "record of examinations" is supplied to all the surgeons who make any considerable number of examinations. It is obvious that unless every certificate is recorded, and so recorded as that an *exact duplicate* could be furnished, the whole purpose of a "record" is lost. It is expected, therefore, that the record be properly and scrupulously kept, otherwise it will often prove necessary to subject a claimant to the inconvenience, expense, and vexation of a second examination. When a "record" is filled, it should be, in good time, forwarded to this office *by mail*, and a requisition for a new one made. The "record" is public property, but it must under no circumstances be so kept as to be open to inspection by persons visiting the surgeon's office.

24th. An examining surgeon is an agent for this office, and in no case is permitted to place himself, or permit himself to be placed, in the attitude of an attorney for claimants. He should, therefore, never aid or advise claimants or prepare their papers for presentation to this office. When his opinion or advice is sought, he should refer the applicant to the Commissioner, who will always answer every proper question or give any needed instruction.

25th. As an agent for this office, it is the duty of every surgeon to report to the Commissioner any violation of the pension laws, or any attempt at a fraud, that shall come to his knowledge. He must, however, be very careful to accompany such a report with a statement of all the facts, the names of persons, &c., and not to act excepting upon a strong conviction that the report is susceptible of proof.

26th. Orders for examination should be carefully filed and promptly returned to this office at the expiration of the time named in each, unless the claimant shall have appeared for examination, with the indorsement, "Failed to appear," &c. The observance of this is **INSISTED UPON**, as its observance will save to the surgeon and this office a great deal of uncertainty, vexation, and clerical labor.

27th. When a disability is claimed as a sequel of some other disability (as disease of lungs to chronic diarrhea, or paralysis to a sunstroke) the surgeon should exercise extreme care to determine that the claim is a just one, and should certify the *date of origin* of the sequel as given by the claimant.

28th. Certificates of examination should be prepared and forwarded *immediately* after the examination. Many claimants have suffered gross injustice because of the neglect of this rule; for, to examine an applicant and withhold the certificate indefinitely, is, in every instance, to subject him to anxiety, and in many cases to re-examination. Further than that, to delay the preparation of the certificate is to depreciate its value. The facts in the case escape the recollection of the surgeon, and though he

may in the end prepare and forward a certificate, the chance that it fairly represents the condition of the claimant decreases in proportion to the delay. Failure to promptly construct and forward certificates is, therefore, a just reason for the dismissal of the offending surgeon, and the Commissioner will, in every case, enforce the rule.

29th. A certificate, whether an original or a duplicate, furnished at the request of the office, should always bear the date of the actual examination, and not the date of its construction.

30th. The basis of the first grade is a disability which requires the "regular presence, aid, and attendance of another person;" that of the second grade, disability for "the performance of any manual labor;" and that of the third grade, a disability which is "equivalent to the loss of a hand or foot," and when either of the grades is recommended, the fact that the claimant is disabled in the degree required to entitle to the rating, should be *stated*, and not left as a matter to be inferred from the description and rating.

31st. It being important that certificates be permanently legible, none but good durable *black* ink should be used in their construction.

32d. Change of residence vacates a surgeon's appointment. When a surgeon proposes to leave home for any considerable time, he should not neglect to inform this office, that claimants shall not be ordered, only to incur disappointment.

33d. When change of residence is made so hurriedly that this Office cannot be notified, all books, blanks, &c., should be placed in the hands of the postmaster of the place for safe-keeping, and in every case they should be so inclosed as that access to the "record" of examinations cannot be had.

34th. No matter of any kind should be sent to the Commissioner by "Express." The mails are the only proper channel of communication. When it is desired to forward a filled "Record" or other package requiring a large number of stamps, the surgeon should learn the exact amount that will be required, which amount of "Departmental" stamps will be forwarded to him upon his requisition stating for what purpose they are required.

35th. The "Departmental" stamps must not be used upon any matter except directed to the Commissioner. Correspondence with the pension agents about accounts, &c., must be at the surgeon's own expense.

36th. Great care should be taken to see that every certificate is clerically correct; that all the spaces upon the back, as well as the face, are properly and correctly filled before it is mailed.

37th. Attention is invited to the outlines of the human skeleton and figure upon the back of the blank certificates. It is obvious that they may be made very useful in indicating the precise points of the entrance and exit of a missile, &c., and it is hoped that, whenever their use would aid to a clearer understanding of the particular description, they will

not be overlooked. When the temperature of a claimant would aid in diagnosis, etc., it should be ascertained and certified.

39th. The fee for an examination and a satisfactory certificate thereof is fixed by act of Congress, and is not at the discretion of the Commissioner. The fact that a fee is fixed, and its payment provided for, establishes the theory that claimants for pensions are not to be subjected to expense for examination, and therefore no surgeon is permitted under any circumstances or pretext to accept any fee, or part fee, from a claimant. Any violation of this rule will subject the offending surgeon to prompt dismissal.

40th. Orders for examination are issued in duplicate—a copy to the claimant and one to the surgeon. If that to the surgeon be lost in transmission, and the claimant present himself with his order, the examination should be made and the surgeon should write the office, asking that a duplicate be issued to him, and in doing so he should not fail to give the number of the case, as well as the name of the claimant and his service.

40th. No surgeon should, under any pretext, correspond with an attorney about the cases of those whom he has examined, or furnish any information touching them.

41st. The law not providing for disabilities "equivalent" to the loss of a leg at or above the knee, or of an arm at or above the elbow, no such rating should be made.

42nd. In certifying the loss of the phalanges of the fingers or toes, the words "proximal" and "distal" should be used instead of *first* and *last*, as the use of the latter often leads to confusion.

Wm. Dudley

Commissioner.

